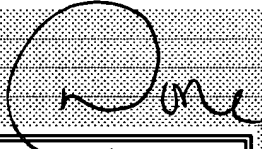
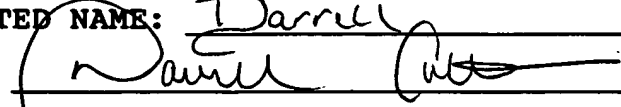


**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND  |                                   |   |                                  |                  |                  |
|--|-----------------------------------|---|----------------------------------|------------------|------------------|
| 1 Date of Request: <u>7/08/05</u>  |                                   | 2 Serial/Patent # <u>10/522080</u>  |                                  |                  |                  |
| 3 Please refund the following fee(s):  |                                   | 4 PAPER<br>NUMBER   | 5 DATE<br>FILED                  | 6 AMOUNT         |                  |
| <input checked="" type="checkbox"/>  | Filing                            |   |                                  | \$ <u>100.00</u> |                  |
| <input type="checkbox"/>   | Amendment                         |   |                                  | \$               |                  |
| <input type="checkbox"/>   | Extension of Time                 |   |                                  | \$               |                  |
| <input type="checkbox"/>   | Notice of Appeal/Appeal           |   |                                  | \$               |                  |
| <input type="checkbox"/>   | Petition                          |   |                                  | \$               |                  |
| <input type="checkbox"/>   | Issue                             |   |                                  | \$               |                  |
| <input type="checkbox"/>   | Cert of Correction/Terminal Disc. |   |                                  | \$               |                  |
| <input type="checkbox"/>   | Maintenance                       |   |                                  | \$               |                  |
| <input type="checkbox"/>   | Assignment                        |   |                                  | \$               |                  |
| <input type="checkbox"/>   | Other                             |   |                                  | \$               |                  |
| <div style="border: 1px solid black; padding: 5px; min-height: 40px;">  </div> |                                   |   | 7 TOTAL AMOUNT<br>OF REFUND      |                  | \$ <u>100.00</u> |
| 10 REASON:   |                                   |   | 8 TO BE REFUNDED BY:             |                  |                  |
| <input checked="" type="checkbox"/>  | Overpayment                       | Treasury Check  |                                  |                  |                  |
| <input checked="" type="checkbox"/>  | Duplicate Payment                 | Credit Deposit A/C #:   |                                  |                  |                  |
| <input type="checkbox"/>   | No Fee Due (Explanation):         | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">9</span> <div style="display: flex; border-bottom: 1px solid black; width: 150px;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> </div> |                                  |                  |                  |
| <u>Refunded to Credit Card</u>   |                                   |   |                                  |                  |                  |
| 11 REFUND REQUESTED BY:  |                                   |   |                                  |                  |                  |
| TYPED/PRINTED NAME: <u>Darrin</u>  |                                   |   | TITLE: <u>Paralegal</u>          |                  |                  |
| SIGNATURE:    |                                   |   | PHONE: <u>703-306-9140 x 203</u> |                  |                  |
| OFFICE: _____  |                                   |   |                                  |                  |                  |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****  |                                   |   |                                  |                  |                  |
| APPROVED: _____  |                                   |   | DATE: _____                      |                  |                  |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*